



MISSOURI DEPARTMENT OF NATURAL RESOURCES
HAZARDOUS WASTE PROGRAM

CERTIFIED RESOURCE RECOVERY FACILITY APPLICATION FORM

1. NAME OF APPLICANT		APPLICANT'S ADDRESS													
APPLICANT'S CITY		STATE	ZIP CODE	APPLICANT'S TELEPHONE											
2. NAME OF FACILITY		FACILITY'S ADDRESS													
FACILITY'S LOCATION: NEAREST CITY OR TOWN			COUNTY		STATE										
_____ 1/4 _____ 1/4 _____ 1/4 OF SECTION			TOWNSHIP	RANGE	ACREAGE SIZE										
3. APPLICANTS CERTIFICATION: I CERTIFY THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION IN THIS APPLICATION AND BELIEVE THAT THE INFORMATION SUBMITTED IS ACCURATE AND COMPLETE. I AM AWARE THAT MAKING A FALSE STATEMENT OR MISREPRESENTATION IN THIS APPLICATION IS GROUNDS FOR REVOKING THE RESOURCES RECOVERY CERTIFICATION. I MAY ALSO BE GUILTY OF A MISDEMEANOR AND UPON CONVICTION, MAY BE PUNISHED BY FINE OR IMPRISONMENT.															
APPLICANT'S SIGNATURE		DATE	4. LANDOWNER'S SIGNATURE		DATE										
APPLICANT'S PRINTED NAME			LANDOWNER'S PRINTED NAME												
LANDOWNER'S ADDRESS		LANDOWNER'S CITY	STATE	ZIP CODE	LANDOWNER'S TELEPHONE										
5. HAS THE FACILITY OBTAINED INTERIM STATUS OR A PERMIT FROM THE UNITED STATES ENVIRONMENTAL PROTECTION AGENCY? <input type="checkbox"/> YES <input type="checkbox"/> NO															
6. AS REQUIRED BY 10 CSR-9 OF THE MISSOURI HAZARDOUS WASTE REGULATIONS ATTACH THE FOLLOWING INFORMATION: A. FLOWSHEET THROUGH THE RESOURCE RECOVERY PROCESS. B. QUALITY CONTROL PLAN C. DRAWINGS OF THE FACILITY D. APPLICATION FEE															
7. LIST ALL THE TYPES OF HAZARDOUS WASTES TO BE USED, REUSED, RECOVERED, OR RECLAIMED AT THIS FACILITY.															
NAME OF HAZARDOUS WASTE			MONTHLY QUANTITY	UNITS (GAL, LBS)											
8. PROCESS DESCRIPTION <input type="checkbox"/> DISTILLATION <input type="checkbox"/> BURNED FOR FUEL <input type="checkbox"/> BLENDED FOR FUEL <input type="checkbox"/> OTHER _____			U.S. EPA Generator I.D. # _____ <div style="display: flex; justify-content: space-between;"><div>STORAGE TYPE</div><div><input type="checkbox"/> DRUMS <input type="checkbox"/> ABOVE GROUND TANK <input type="checkbox"/> BELOW GROUND TANK <input type="checkbox"/> OTHER _____</div></div>												
NOTE: 9. ON AN ATTACHED SHEET PLEASE DESCRIBE, IN DETAIL , THE ABOVE RESOURCE RECOVERY PROCESS. BE SURE TO INCLUDE ITEMS SUCH AS EQUIPMENT MANUFACTURERS' NAMES AND ADDRESSES, MODEL NUMBERS, CAPACITIES, AND THE KINDS OF MATERIALS FROM WHICH THE EQUIPMENT IS CONSTRUCTED. FAILURE TO INCLUDE THIS INFORMATION WILL RESULT IN AN INCOMPLETE APPLICATION AND ITS RETURN TO YOU.															
PLEASE RETURN THIS ORIGINAL TO		MISSOURI DEPARTMENT OF NATURAL RESOURCES HAZARDOUS WASTE PROGRAM P.O. BOX 176 JEFFERSON CITY, MISSOURI 65102		OFFICE USE ONLY FACILITY I.D. NO. <table border="1" style="display: inline-table; width: 100px; height: 20px; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> DATE APPLICATION APPROVED <table border="1" style="display: inline-table; width: 100px; height: 20px; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>											